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*Four PD*

\*\* CONTINUING DATA \*\*\*\*\*

*None PD*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

*None PD*

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY ME	SHEETS DRAWING 14	TOTAL CLAIMS 78	INDEPENDENT CLAIMS 10
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	EXAMINER'S SIGNATURE <i>Philip Gray</i>	INITIALS <i>PD</i>		
Verified and Acknowledged				

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## TITLE

Electrically assisted lidocaine and epinephrine delivery device having extended shelf-stability

FILING FEE  RECEIVED 2546	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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